

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

IRD NO. **JA349890**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION			INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>RODRIGUEZ, MICHAEL A</b>			1. INDOOR <input type="checkbox"/> 2. OUTDOOR <input checked="" type="checkbox"/>	
AR NO. <b>5978</b>	POSITION <b>POLICE OFFICER</b>		ADDRESS OF OCCURRENCE <b>2817 N MULLIGAN AVE</b>	
DATE OF APPOINTMENT <b>09-JUL-2007</b>	EMPLOYEE NO. [REDACTED]		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DUTY OF ASSIGNMENT <b>025</b>	BEAT/CALL NO. <b>2523R</b>		LOCATION CODE <b>092-ALLEY</b>	BEAT OF OCCURRENCE <b>2511</b>
SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>16-JUL-2017</b>	TIME <b>03:11:00</b>
HEIGHT <b>504</b>		WEIGHT <b>160</b>	DAY OF WEEK <b>SUNDAY</b>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			NO. OF OFFICERS BATTERED <b>2</b>	
1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ 2. OFF DUTY 3. SPECIAL EMPLOYMENT 4. SECONDARY / OTHER			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
TYPE OF ACTIVITY			MANNER OF ATTACK	
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER			01. SHOT 02. SHOT AT 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF INJURY TO OFFICER			TYPE OF WEAPON/THREAT	
<input checked="" type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE			(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>40 S&amp;W</b> <input type="checkbox"/> B. REVOLVER <input checked="" type="checkbox"/> C. SEMI-AUTOMATIC <input type="checkbox"/> D. RIFLE <input type="checkbox"/> E. SHOTGUN <input type="checkbox"/> F. VEHICLE <input type="checkbox"/> G. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> H. BLUNT INSTRUMENT <input type="checkbox"/> I. HANDS/FISTS <input type="checkbox"/> J. FEET <input type="checkbox"/> K. MOUTH (SPIT, BITE, ETC.) <input checked="" type="checkbox"/> L. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> M. OTHER (SPECIFY) <b>/HANDGUN</b>	
LIGHTING CONDITIONS AT INCIDENT			FIREARM USE INFORMATION	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR <input checked="" type="checkbox"/> 2. GOOD			(Check all that apply): <input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN WEAPON FROM OFFENDER	
WEATHER CONDITIONS			OFFENDER INFORMATION	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND <input type="checkbox"/> G. OTHER			SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>WHITE HISPANIC</b> DOB <b>22-MAY-1999</b> CB NO. <b>19509090</b> IR NO.	
APPROXIMATE OUTDOOR TEMPERATURE: <b>65° F</b>			WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <b>1</b>	

**LOG # 1085949**  
**Attachment # 9**

TWICE THE OFFENDER RAISED A WEAPON IN THE DIRECTION OF R/O

REPORTING MEMBER - SIGNATURE  
RODRIGUEZ, MICHAEL A

STAR NO.  
5978

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
HOLT, ELGIN D 460